

DENIAL OF PATERNITY BY ALLEGED NATURAL FATHER

In or Out of California

Instructions:

1. These instructions apply to the alleged natural father whether signing in California or outside the state or country.
2. This form may be used in both the relinquishment and independent adoption programs..
3. When signed by the alleged natural father in the presence of a representative of the California Department of Social Services, a California Licensed adoption agency, or an authorized out-of-state adoption agency, the form shall be witnessed and signed by the Department or agency representative. Signing before a notary is not necessary.
4. When signed in the presence of a person other than an agency or Department representative, the form shall be notarized.

I, _____, having been alleged to be the father of the child of _____ born on _____/to be born, state that I am not the father of this child. I understand that this denial of paternity means that I will be given no further notice of adoption planning for this child which includes notice of court hearings. I understand that any parental rights I may have toward this child will continue until the court issues an order of adoption, or an order terminating my parental rights, whichever occurs first. I understand that the court may enter an order terminating my parental rights without further notice to me. I understand any parental responsibility I may have toward this child, including the responsibility to pay child support if so ordered by a court, will continue until an order of adoption, or an order terminating my parental rights, whichever occurs first, has been issued by the court. I understand that if I change my mind after signing this form, I may not revoke or rescind this denial of paternity and that my only recourse is court action.

ALLEGED NATURAL FATHER

Date _____, 19 _____

☐ Calif. Dept. of Social Services _____
ADDRESS

☐ Calif. licensed adoption agency _____
NAME ADDRESS

☐ Out-of-State Agency _____
NAME ADDRESS

Signed in _____ County in presence of

AUTHORIZED AGENCY OFFICIAL

— — — — OR* — — — —

STATE OF _____

COUNTY OF _____

Before me, _____, a Notary Public in and for said County and State, personally appeared _____ known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this _____ day of _____, 19 _____.

(Affix Notarial Seal)

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

My commission expires _____

* (Notarize only when signed in presence of person other than agency representative)